



---

Professional Associates, P. O. Box 1238, Sanger, Texas 76266 Phone: 877-738-4391 Fax: 877-738-4395

### Notice of Independent Review Decision

**Date notice sent to all parties:** 08/14/12

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Repeat psychiatric diagnostic interview times one hour and psychological testing times three hours

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

Licensed by the Texas State Board of Examiners of Psychologists

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)  
☐ Overturned (Disagree)  
☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

Repeat psychiatric diagnostic interview times one hour and psychological testing times three hours - Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

Employer's First Report of Injury or Illness

Associate statement dated 04/10/06

Reports from multiple providers at Concentra dated 04/10/06, 04/11/06, 04/18/06, 05/09/06, 05/23/06, 06/01/06, 06/05/06, 06/19/06, 07/03/06, 07/17/06, 08/01/06, 08/31/06, 07/05/07, and 07/17/07

DWC-73 forms dated 04/10/06, 04/11/06, 04/18/06, 05/09/06, 05/23/06, 06/01/06, 06/18/06, 07/03/06, 07/17/06, 08/01/06, 08/31/06, 02/19/08, 03/10/08, 03/25/08,

04/29/08, 05/28/08, 07/28/08, 08/29/08, 10/02/08, 11/03/08, 12/01/08, 02/12/09, 07/10/09, 08/10/09, 09/09/09, 10/08/09, 12/27/10, and 01/25/12

Notes from M.D. dated 04/19/06,

Stress myocardial perfusion report dated 04/25/06 from Dr.

PLN-11 dated 04/25/06, 05/08/06, and 04/09/08

Physical therapy notes dated 05/04/06, 05/09/06, 05/10/06, 05/15/06, 05/17/06, 05/19/06, 05/22/06, 05/25/06, and 05/31/06

Bone Fide Offers of Temporary Duty dated 05/09/06 and 10/08/06

Reports Orthopaedic Surgery dated 05/10/06, 05/15/06, 07/19/06, and 10/11/06

Toxicology report dated 10/11/06,

PPEs dated 11/21/06, 03/22/07, 05/27/08, and 01/31/12

Impairment rating dated 01/05/07

Individual therapy progress notes dated 02/23/07, 02/26/07, and 03/05/07

Left shoulder MRIs dated 04/10/07 and 02/11/08

DWC-69 form dated 07/17/07, 04/01/08, and 06/24/08

Reports from Treatment Clinic dated 02/19/08, 03/25/08, 04/29/08, 05/28/08, 07/23/08, 07/28/08, 08/18/08, 08/29/08, 10/02/08, 11/03/08, 12/01/08, 01/12/09, 02/12/09, 07/10/09, 08/10/09, 09/09/09, 09/23/09, 09/30/09, 10/02/09, 10/08/09, 12/27/10 and 01/25/12

FCEs dated 02/19/08 and 10/06/08

Daily progress notes from Treatment Center dated 02/25/08, 02/29/08, 03/03/08, and 06/04/08

Evaluations with M.D. dated 03/10/08

DDE dated 04/01/08 with D.O. dated 04/01/08, 06/24/08

Cervical MRI dated 04/23/08

Letters of medical necessity from D.C. dated 10/02/08, 11/03/08, 12/01/08, 01/12/09, 02/12/09, 07/10/09, 08/10/09, 09/09/09, 10/08/09, 12/27/10, and 01/25/12

Initial interview with M.A., L.P.C. and Ph.D. dated 02/01/12

Initial Medical Evaluation dated 03/30/12 from M.D.

Notice of IRO Decision from ReviewTex, Inc. dated 05/18/12

Certificates of Medical Necessity from Dr. dated 06/07/12

Request for behavioral testing dated 06/15/12 from Ms.

Preauthorization request form from Novare dated 06/28/12 and 07/10/12

Adverse determinations from Novare dated 07/03/12 and 07/17/12

Request for reconsideration from Dr. dated 07/10/12

Letter addressed to Professional Associates from dated 07/26/12

IRO Summary from ARCMi dated 7/26/12

The Official Disability Guidelines (ODG) were not provided by the carrier or URA

#### **PATIENT CLINICAL HISTORY [SUMMARY]:**

D.O. examined the patient on 04/10/06. He was injured on xx/xx/xx when he was unloading trucks and was driving a forklift when he felt a sharp pain to the left arm. The assessments were left arm pain and neck pain. The patient attended individual therapy on 02/23/07, 02/26/07, and 03/05/07 with Lizeth Pinon, LMSW. Dr. placed the patient at MMI on 07/17/07 with a 4% whole person impairment rating. On 10/02/08, the patient was evaluated at Treatment Clinic. Lumbar

flexion was 80 degrees and extension was 20 degrees. A traction unit, ice packs, and Biofreeze were provided. On 12/27/10, the patient received electrical stimulation, moist heat, massage, and ultrasound at Treatment Clinic. On 01/25/12, he had cervical spine pain rated at 6/10 and lumbar pain rated at 8/10. Electrical stimulation and moist heat were provided. Ms. and Dr. performed an initial interview on 02/01/12 for 10 sessions of a chronic pain management program. It was felt the patient had issues of depression and anxiety as related to his work injury and he was felt to be an appropriate candidate for a pain program. Dr. examined the patient on 03/30/12. He recommended a neurosurgical or orthopedic evaluation and a repeat cervical MRI. Tramadol, Zanaflex, and Elavil were prescribed. On 06/15/12, Ms. requested a full behavioral evaluation to determine the course of necessary treatment. On 07/03/12, Ph.D., on behalf of Novare, provided an adverse determination for the requested repeat psychiatric interview and psychological testing. Dr. wrote a request for reconsideration on 07/10/12 for the requested psychiatric interview and psychological testing. On 07/17/12, M.D. also provided an adverse determination on behalf of Novare for the requested psychiatric interview and psychological testing.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

The preauthorization request for behavioral testing on 06/28/12 was denied on 07/03/12 by Dr., Ph.D. The rationale provided for the denial was based on the ODG (2012), Pain Chapter that supports psychological testing in situations where there is clinical data that a psychological condition is impacting rehabilitation and/or recovery. The psychologist reviewer concluded that data provided did not meet the ODG evidenced based guidelines. The preauthorization reconsideration request for behavioral testing on 07/10/12 was denied on 07/17/12 based on the ODG, as well. The pain medicine physician reviewer, Dr., concluded that there was no clear reasoning provided to justify testing beyond what had already been done previously and the medical necessity was not established since it was unclear what impact the testing would have on future treatment.

Both utilization reviewers correctly based their decisions on the appropriate ODG Guidelines related to evidence based treatment, unnecessary repetition of same or similar interventions, and a clear description of expected benefits from the proposed testing. The patient does not meet the criteria of the ODG for the currently requested behavioral evaluation. In February 2012, more than xx years after being injured, the patient was given a diagnosis of Adjustment Disorder with mixed anxiety and depressed mood (309.28). By definition, "...the disturbance in Adjustment Disorder begins within three months of onset of a stressor and lasts no longer than 6 months...." (DSM-IV-TR, APA, 2000) Utilization of this diagnostic code was applied without regard for the criteria established by the diagnostic manual. Therefore, in my opinion, the requested repeat psychiatric diagnostic interview times one hour and psychological testing times three hours is not reasonable or necessary and the previous adverse determinations should be upheld.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)